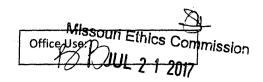


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 6/19/17		
	Type: ■ New ☐ Amended (if amending, enter MEC ID	.1\97 & section cha	anged)
2.		:	
	Women Dems		
	Name of Committee		
	2410 Trolley Crossing, Imperial, MO 63052		(636) 467-5425
	Committee Mailing Address, City, State, & Zip		Telephone Number
		Randy B. Holman	
	<u> </u>	County Clerk or Board of Election Commissio	ners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Laura Zemann		
	Treasurer's Name (First & Last)		
	2410 Trolley Crossing, Imperial, MO 63052	(636) 467-5425	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Barbara Allen		
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)	
	3532 Susan Dr, Imperial, MO 63052	(636) 942-3732	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Frances Newkirk - Chair	36 Huntleigh Woods, Barn	hart, MO 63012
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Malling Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	e? 🗆 Yes (refer to instructions on back) 🗏 No	
5.	Official Bank Account Information (required by all committees)		
		1	7000 c
; ;	Candidate Supported or Opposed (candidate committees must in	nclude self. if candidate)	
	n/a	/	/
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	nly)
	,		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7	Epallot Managera Sunnarted or Connected (compaign committees my	ist complete this continu	
٠.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)	
	Name of Ballet Manager	Election Date & Ballting Cubdivision	Support or Oppose
	Name of Baflot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all committees)			
	■ I affirm and attest under penalty of perjury that information and	facts in this report are comple	te, true, and accurate. I
	further acknowledge that I am aware that any false statement or de		
(Adim 6-1	n/A	
	Committee Treasurer	Candidate (Candidate Committees Only)	
		1	

MO 300-1308 Packet (Rev. 12/2016)